

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 23, 2001 08:00 AM****Secretary of State****DOCUMENT # P36170**1. Entity Name
THE NATIONAL ABANDONED PROPERTY PROCESSING CORPORATIONPrincipal Place of Business
570 LEXINGTON AVENUE
NEW YORK NY 10022 US
Mailing Address
570 LEXINGTON AVENUE
NEW YORK NY 10022 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
04-3104068
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 07/23/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME ELI S. JACOBS
STREET ADDRESS 4450 S. PARU AVE
CITY-ST-ZIP CHEVY CHASE MDTITLE CFO ☒ Delete
NAME HIRVY ARNOLD H
STREET ADDRESS 570 LEXINGTON AVENUE
CITY-ST-ZIP NEW YORK NYTITLE PD ☒ Delete
NAME SLADE WILLIAM F.
STREET ADDRESS FY PYE BROOK LANE
CITY-ST-ZIP BOXFORD MATITLE CEO ☐ Delete
NAME STEMMEL TODD R
STREET ADDRESS 570 LEXINGTON AVENUE
CITY-ST-ZIP NEW YORK NYTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☒ Change ☐ Addition
NAME SLADE WILLIAM F.
STREET ADDRESS 570 LEXINGTON AVENUE
CITY-ST-ZIP NEW YORK NYTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. SLADE

PD

07/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)